



APPLICATION FOR ACCREDITATION AS SERVICE ORGANIZATION REPRESENTATIVE

PRIVACY ACT NOTICE AND PAPERWORK REDUCTION ACT NOTICE: The information requested on this form is solicited under Section 3402, Title 38, United States Code. It will enable VA to determine your eligibility for accreditation as representative of a recognized service organization. Submission is voluntary, but failure to provide full information could delay or preclude accreditation. The information may be disclosed outside VA as permitted by law, or as stated in the "Notices of Systems of VA Records" which have been published in the Federal Register in accordance with the Privacy Act of 1974. These possible "routine use" disclosures include disclosures without your prior written consent for such purposes as civil or criminal law enforcement, administration of programs, and benefits delivery activity.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (723), 810 Vermont Avenue, NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0018), Washington, DC 20503. Please do not send applications for benefits to these addresses.

SECTION I - TO BE EXECUTED BY DESIGNEE (Type or print)

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. BUSINESS ADDRESS
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3. BRANCH OF SERVICE (Check applicable boxes)

☐ ARMY
 ☐ NAVY
 ☐ AIR FORCE
 ☐ MARINE CORPS
 ☐ COAST GUARD
 ☐ NON-VETERAN
 ☐ OTHER (Specify)

4. LIST OF DATES OF ALL ACTIVE SERVICE	5. CHARACTER OF DISCHARGE(S)	6. METHOD OF QUALIFICATION <input type="checkbox"/> COMPLETED VA APPROVED COURSE <input type="checkbox"/> PASSED VA APPROVED EXAMINATION <input type="checkbox"/> EXPERIENCE
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7A. NAME OF ORGANIZATION WHICH YOU WILL REPRESENT

7B. RELATIONSHIP TO ORGANIZATION		7C. COUNTY VETERANS SERVICE OFFICERS
ARE YOU A MEMBER IN GOOD STANDING OF THE ORGANIZATION SHOWN IN ITEM 7A? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A PAID EMPLOYEE OF THE ORGANIZATION SHOWN IN ITEM 7A, WORKING FOR THE ORGANIZATION FOR NOT LESS THAN 1000 HOURS ANNUALLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A PAID COUNTY EMPLOYEE: A) WHO WORKS FOR THE COUNTY NOT LESS THAN 1000 HOURS ANNUALLY; B) WHO HAS SUCCESSFULLY COMPLETED VA-APPROVED STATE TRAINING AND EXAMINATION; AND C) WHO WILL RECEIVE REGULAR STATE SUPERVISION AND MONITORING OR ANNUAL TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO

8. ARE YOU ACCREDITED TO ANY OTHER ORGANIZATION(S)

☐ YES
 ☐ NO (If "YES," give name of organization(s))

9A. ARE YOU EMPLOYED IN ANY CIVIL OR MILITARY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," give name of agency or department)	9B. HAVE YOU EVER HELD A FEDERAL GOVERNMENT POSITION WHICH INVOLVED ANY ACTION RESPECTING CLAIMS IN THE DEPARTMENT OF VETERANS AFFAIRS OR THE VETERANS ADMINISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
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It is understood and agreed that neither the designee nor the organization will charge or accept any fee or other gratuity for services rendered a claimant; that neither will publish or divulge any confidential information except as provided by law or regulation; and that any breach of these conditions will be sufficient basis for revocation of accreditation.

10. SIGNATURE OF DESIGNEE	11. DATE OF SIGNATURE
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SECTION II - TO BE EXECUTED BY PROPER CERTIFYING OFFICER OF RECOGNIZED ORGANIZATION

CERTIFICATION: Subject to the foregoing agreement, the undersigned hereby certifies that the designee is of good character and reputation, is qualified by ability and experience to present claims, and that the foregoing statements are believed to be correct. We therefore recommend accreditation.

12. SIGNATURE AND TITLE OF CERTIFYING OFFICER	13. NAME OF ORGANIZATION
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14. ADDRESS OF CERTIFYING OFFICER	15. DATE OF SIGNATURE
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PENALTY: The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine or imprisonment or both (18 U.S.C. 1001)